

HOGAN & HARTSON L.L.P.

500 SOUTH GRAND AVENUE
SUITE 1900
LOS ANGELES, CA 90071

Tel.: (213) 337-6700
Fax: (213) 337-6701

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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Steven Ho Yin Loke
Art Unit: 2811

DATE: October 8, 2004

FROM: Dariush G. Adli
Voice: (213) 337-6809, Fax: (213) 337-6701
dgadli@hhlaw.com

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER:

9

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MESSAGE:

Patent Application No.: 10/072,316; Our Ref. 81751.0029
I hereby certify that the following documents:

- ☒ Amendment
- ☒ Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 8, 2004
Date of Deposit


Rhonda Hurt

TELECOPY/FAX NUMBER: 703-872-9306

CLIENT NUMBER: 81751.0029

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: 571-272-1657 (return fax to Rhonda Hurt)

FORM PTO-1083

Attorney Docket No. 81751.0029
Patent Application No. 10/072,316

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Junichi KARASAWA et al.

Serial No: 10/072,316

Filed: February 8, 2002

For: SEMICONDUCTOR DEVICE, MEMORY SYSTEM
AND ELECTRONIC APPARATUS

Art Unit: 2811

Examiner: Steven Ho Yin Loke

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(703) 872-9306:
Commissioner for Patents
P.O. Box 1450
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October 8, 2004

Date of Deposit

Rhonda Hurt

Name

Rhonda Hurt

Signature

10/08/04
Date

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	48 **	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3 ***	0	LG=\$86 SM=\$42	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
Independent Claims: 1					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By

Darius G. Adli

Darius G. Adli
Registration No. 51,386
Attorney for Applicant(s)

Date: October 8, 2004

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

Appl. No. 10/072,316
Amdt. Dated October 8, 2004
Reply to Office Action of July 8, 2004

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Attorney Docket No. 81751.0029
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Junichi KARASAWA et al.

Serial No.: 10/072,316

Confirmation No.: 9698

Filed: February 8, 2002

For: SEMICONDUCTOR DEVICE, MEMORY
SYSTEM AND ELECTRONIC
APPARATUS

Art Unit: 2811

Examiner: Steven Ho Yin
Loke

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Rhonda Hurt

Name

Signature

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Date

AMENDMENT UNDER 37 C.F.R. § 1.116

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Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated July 8, 2004, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.